

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593,397

FILING DATE

9-19-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		2				
7		2				
8		2				
9	1					
10	1					
11	1					
12	2					
13	2					
14	3					
15	3					
16	2					
17	2					
18	2					
19	2					
20	2					
21	2					
22	2					
23	1					
24	1					
25	①					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	2					
34	1					
35	2					
36	1					
37	1					
38	2					
39	2					
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	59	←		←		←
TOTAL CLAIMS	63					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓			↓
TOTAL DEP.		←	←		←	←
TOTAL CLAIMS						

1X17

2X16

3X2